

the treatment of serious disturbances of rhythm in patients with seriously compromised ventricular function.

The contributors of this conference have gone a long way in highlighting the state of the art and in identifying the directions we need to take to fully capitalize on the potential of improved physiologic understanding, better pharmacologic agents and the application of surgical techniques to the management of disturbances of cardiac rhythm.

ANDREW G. WALLACE, MD
Professor of Medicine
Chief, Division of Cardiology
Duke University Medical Center
Durham, North Carolina

lishment of medicine and health care, although there are beginning to be some important initiatives in both the public and private sectors.

In conclusion, it may be that the responsibility for health is diffused among individual persons, communities of persons, their governments and the medical profession—which, individually and collectively, is the custodian of our knowledge of the science and technology of medicine and health care. If there is to be health for all on this planet this responsibility, diffuse as it is, must be shared among all of these, whatever the political approach. And the medical profession should always be in a role of leadership—*docere*.

—MSMW

Responsibility for Health

ELSEWHERE IN THIS ISSUE is a report from Altrocchi on the purported success of the People's Republic of China (PRC) in improving that vast nation's health by emphasizing that health is the individual responsibility of each citizen and commune. There seems to be no doubt that considerable has been accomplished, although the evidence and the data are admittedly still limited. Also in this issue are several papers that examine the concept of holistic health as it is developing in the western world. The holistic health concept also places substantial responsibility for health upon the individual person and somewhat upon the community. As is so often the case with the Orient and the Occident, there are both similarities and differences.

It is likely that the similarities are more apt to pertain to truth and the differences are more apt to pertain to method or approach. The truth may be that medical science and technology are inadequate in themselves to assure health, although they may have much to offer when health is impaired—particularly if seriously so. This view seems to have been accepted by the PRC and is beginning to be recognized here, where the emphasis on individual responsibility for health and wellness appears to be growing. However, Eastern and Western approaches are clearly different and reflect the form of government in each of two great nations. In the PRC the approach is essentially dictated by a central government authority. Here, on the other hand, what we are calling the holistic approach is essentially outside the estab-

Acne—Fact and Folklore

IN THIS ISSUE of the journal, Dr. David A. Whiting presents a Clinical Review of acne.

Acne is no longer a mysterious disease. Much is known about its pathogenesis, especially the roles of sebum and the renowned acne bacillus, *Propionibacterium acnes*, denizen of the deep recesses of sebaceous follicles.

A multitude of products produced by this organism—chemical toxins, enzymes, activators of the immune system, leukotactic factors and so forth—convert simple comedones into raging, inflammatory lesions ranging from pustules to big, baggy nodules.

Informed physicians (far too few at present, including some backward-looking dermatologists) have powerful resources for curbing the disease. While cure is impossible, the vivid inflammatory lesions which scar the soul and the skin, can be kept under submission until time, in some unknown way, effects its cure.

An elementary knowledge of the way in which the disease evolves is all that is required to select appropriate therapy. Acne is a two-stage process. It begins with a comedo, an impaction of horny cells which distends the follicle, finally protruding through the orifice as a solid, pigmented, cylinder of horn. Preventing comedones from forming stops the disease at its inception and is the ideal prophylactic treatment. Vitamin A acid is a potent topical anticomedonal agent which prevents horny cells from sticking so tightly together, thereby